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Apr 24, 2008 8:00 am Secretary of State **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT # L07000076537** 04-24-2008 90012 019 ***138.75 FISH ON LAS OLAS, LLC Principal Place of Business Mailing Address UUUAIIUU 1 LAS OLAS CIR, APARTMENT 107 1 LAS OLAS CIR, APARTMENT 107 FT LAUDERDALE, FL 33316-1633 FT LAUDERDALE, FL 33316-1633 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02102008 CR2E083 (12/06) Chg-LLC City & State City & State 4. FEI Number Applied For 14-2004045 Not Applicable Zip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MOWREY, VICTORIA Street Address (P.O. Box Number is Not Acceptable) 1 LAS OLAS CIR, APARTMENT 107 FT LAUDERDALE, FL 33316-1633 Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$138,75 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR Delete TITLE TITLE Change ☐ Addition NAME MOWREY, VICTORIA NAME 1 LAS OLAS CIR, APARTMENT 107 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE, FL 333161633 CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE